

# SHARE

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

1318

VENDOR #

DATE 01/25/2013

Payee

\$ 435 00



Fund / Agency

000 66500

Document Number

AP 00322633

B4R

COD3

B4RCOD3

State of New Mexico  
Voucher Batch Report  
Businessunit 66500 Department of Health  
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD  
As of Date 01/22/2013

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#		Description			WithHold	Year	Month		
00322633	1	I/S Meals & lodgingJ	1	542200	Employee I/S Meals & L	06101	MCGRATH BR 001		2013	01	0000097237 McGrath B 1 2	435 00
Total For Voucher												435 00

NS

FCD Audit Bureau  
*SHarting*

RECEIVED  
2013 JAN 22 AM 10 38  
DFA  
FINANCIAL CONTROL



NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

CODE 66500

00322633

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG	POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
VENDOR NUMBER [REDACTED]		MODEL Ford	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
REG WORK DAY 8 00 AM THRU 5 00 PM		YEAR 2011		

[illegible]

ACTUAL EXPENSES

## APPROVED RATES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

<b>X</b>	Employee Signature	Date
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**TOTALS**

ADVANCE AMOUNTS

ADJUSTED

RED/BURSEMENT

	0
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1

0

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0	435 00
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[illegible]

\_\_\_\_\_

0 00

1

<b>X</b>	Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act
<b>I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1 500 PER CALENDAR YEAR FOR TRAVEL</b>	
SECTION 10-8 5 (I) NMSA 1978	

Signature	(DOH General Accounting Use Only)	Date
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Signature required on overnight lodging exceeding \$215.00 per night

Date \_\_\_\_\_

1 Brad McGrath (TYPE PAYEE NAME)

COMPLETE WITH 2-2-4 GASATION, CONC. AND ... CHEM AND ME. A. AC

PAYEE SIGN HERE

DATE 1/3/13

JAN 17 '13 PM 3 25

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

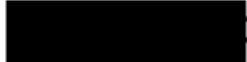
**Business Unit** 66500  
**Voucher ID** 00322633  
**Voucher Style** Regular


**Invoice Number** McGrath B 1 2 1 5 13  
**Invoice Date** 01/16/2013  
**Total** 435 00

**Vendor** MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE NM 87502

**\*Pay Terms** Pay Now [Schedule Payments](#)

Saved

Payment Information		Find   View All		First 1 of 1 Last	
<b>Scheduled Payment</b> 1					
<b>*Remit to</b>		<b>Gross Amount</b>	435 00	USD	
<b>Location</b>	001	<b>Discount</b>	0 00	USD	<input type="checkbox"/> Discount Denied
<b>*Address</b>	1				Late Charge
	MCGRATH BRADLEY K	<b>Scheduled Due</b>	01/16/2013		
	OFFICE OF FACILITIES MANAGEMENT	<b>Net Due</b>	01/16/2013		
	1190 S ST FRANCIS DR SUITE N 3059	<b>Discount Due</b>			
	SANTA FE NM 87502	<b>Accounting Date</b>			
<b>Payment Method</b>					
<b>Bank</b>	WFB10	<b>Pay Group</b>			
<b>Account</b>	B	<b>Handling</b>	RE		
<b>*Method</b>	CHK Check	<b>*Netting</b>	N		
<b>Message</b>					<a href="#">Messages</a>
Message will appear on remittance advice					

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Business Unit	66500	Invoice Number	McGrath B 1 2 1 5 13
Voucher ID	00322633	Invoice Date	01/16/2013
Voucher Style	Regular	Total	435 00

**Voucher Processing**

<input checked="" type="checkbox"/> Post Voucher	<input type="checkbox"/> Close Voucher
<input checked="" type="checkbox"/> Revalue Voucher	<input type="checkbox"/> Delete Voucher

Saved

**Accounting Instructions**

*Accounting Template	STANDARD	Account At	Gross
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**Match Action**

*Status	Ready
<input type="checkbox"/> Pay UnMatched Voucher	

**Transaction Currency**

*Source	Tables	*Currency	USD	Rate Type	CRRNT	Exchange Rate	1 00000000
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**Voucher Approval**

*Approval	Specify at this Level	Business Process	PROCESS_VOUCHERS
		Approval Rule Set	Payment Approval Rule Set 1

**Self Billing Invoice**

*SBI Num Option	Group Vouchers (Auto Nur	SBI Number	
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**Prepayment**

Prepayment Reference	<input type="checkbox"/> Automatically Apply Prepayment	<input type="checkbox"/> Postpone Withholding
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**Letter of Credit**

Letter of Credit ID	 
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**Tax Group**

